ATTORNEY OR PARTY WITHOUT ATTOR	RNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
_			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFO	ORNIA, COUNTY OF		
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME: IN THE MATTER OF (NAME):			
IN THE MATTER OF (NAME).			
		Petitioner, a minor	
			CASE NUMBER:
DECLARATION OF E	MANCIPATION OF M	NOR AFTER HEARING	
1. This proceeding came on fo	or boaring as follows:		
a. Date:	Time:	Dept.:	Div.: Room:
b. Judge <i>(name)</i> :		Бор	
c. Present in court:	_	<u></u>	
Petitioner	<u> </u>	Attorney (name):	
Father	<u>[</u>	Attorney (name):	
Mother	L	Attorney (name):	
Probation officer (
Social worker (nai			
District attorney (r	-		
	relationship to minor):		
2. THE COURT FINDS THAT			
	as prescribed by the cour	t	
	given to the petitioner's		hat a court may rescind the declaration of
	-	liable for the minor's support and n	nedical coverage.
c. The petitioner is a persor	-		
d. Emancipation is not cont			ED FOR THE PURPOSES SET FORTH IN
FAMILY CODE SECTION 7		DECLARED TO BE EMANCIPAT	ED FOR THE PURPOSES SET FORTH IN
TAMILI GODE GLOTION	USU ET OLQ.		
Date:			
		(5	IUDGE OF THE SUPERIOR COURT)
[SEAL]			
CLERK'S CERTIFICATE I certify that the foregoing is a true and correct copy of the original on file in my office.			CATE
			he original on file in my office.
	l	O	_
	Date:	Clerk, by	, Deputy